

Substitute for form 1449/PTO				<i>Complete if Known</i>
<b>INFORMATION DISCLOSURE STATEMENT BY APPLICANT</b>				
(Use as many sheets as necessary)				
Sheet	1	of	1	Attorney Docket Number
				0696-0222PUS1
<input type="checkbox"/> Application Number <input type="checkbox"/> Filing Date <input type="checkbox"/> First Named Inventor <input type="checkbox"/> Art Unit <input type="checkbox"/> Examiner Name <input type="checkbox"/> B. Shewareged				
10/552,436-Conf. #8935 June 9, 2006 Sami Pekka Juhani HAAKANA 1794 B. Shewareged				

U.S. PATENT DOCUMENTS				
Examiner initials*	Cite No. <sup>1</sup>	Document Number Number-Kind Code <sup>2</sup> (#known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document
AA*	US-5,993,957		11-30-1999	Kobayashi et al.

FOREIGN PATENT DOCUMENTS					
Examiner Initials*	Cite No. <sup>1</sup>	Foreign Patent Document Country Code <sup>2</sup> -Number <sup>3</sup> -Kind Code <sup>4</sup> (If Known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages Or Relevant Figures Appear

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